

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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13	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

IND	DEP	IND	DEP	IND	DEP
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					